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TRANSMITTAL FORM

To be used for all correspondence after initial filing

TRANSMITTAL FORM		Application Number	08/930,235
		Filing Date	02/23/98
		First Named Inventor	Anja Eitrich
		Group Art Unit	1721
		Examiner Name	R. Lovering
Total Number of Pages in This Submission		Attorney Docket Number	Beiersdorf 454.1-KGB

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip(PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) - (please identify below):
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Remarks:

APR 13 2000
TC 1700 MAIL ROOM

RECEIVED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kurt G. Briscoe, Esq. NORRIS McLAUGHLIN & MARCUS, P.A.
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Signature		Reg. No. 33,141
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Date	April 5, 2000
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: April 5, 2000

Typed or printed name	Adrienne C. Dorio
Signature	

Date April 5, 2000

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 680.00)

Complete if Known

Application Number	08/930,235	OTE
Filing Date	02/23/98	APR 11 2000
First Named Inventor	Anja Eitrich	PAENT & TRADEMA
Examiner Name	R. Lovering	OFFICE
Group / Art Unit	1721	
Attorney Docket No.	Beiersdorf 454.1	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:Deposit Account Number **Norris McLaughlin & Marcus**Deposit Account Name **14-1263** Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.172. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	Fee Paid
101 690	201 345	Utility filing fee		
105 310	206 155	Design filing fee		
107 480	207 240	Plant filing fee		
108 690	208 345	Reissue filing fee		
114 150	214 75	Provisional filing fee		

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims - 20* =	X	
Independent - 3** =	X	
Claims - Multiples/Dependent	X	

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20			
102 78	202 39	Independent claims in excess of 3			
104 260	204 130	Multiple dependent claim, if not paid			
109 78	209 39	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) (\$)

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 680.00)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Kurt G. Briske	Registration No. (Attorney/Agent)	33,141	Telephone	914 332 1700
Signature	<i>Kurt G. Briske</i>			Date	04/05/00

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